

i	Fill in this informa	ation to i	dentify your case:							
	Debtor 1	David	J.	Wallace						
		First Name	Middle Name	Last Name			Che	eck if this is:		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			 ☑	An amended filing		
	United States Bankru	ptcy Court	for the: EASTERN D	IST. OF PENNS	YLVA	NIA		A supplement showing post	•	
	Case number	20-10306	SAMC13					chapter 13 income as of the	following date:	
L	(if known)							MM / DD / YYYY		
_	fficial Form 100									
S	chedule Ι: Υοι	ır Incor	ne						12/15	
res ind ab yo	sponsible for supplyiclude information about your spouse. If it out your spouse. If it our name and case nu	ing correct out your sp more spac	information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every c	e married and not rated and your spe eparate sheet to the	filing ouse is	jointly s not t	, and your iling with y	I Debtor 2), both are equally spouse is living with you, ou, do not include informat any additional pages, write	tion	
1.	Fill in your employ information.	/ment	-							
	If you have more th	an one	Employment status	Debtor 1				Debtor 2 or non-filing spouse		
	job, attach a separ with information ab additional employe			✓ Employed☐ Not employed				☐ Employed☐ Not employed		
			Occupation	Truck Driver						
	Include part-time, s or self-employed w	-	Employer's name	System Freight						
	Occupation may inc student or homema applies.		Employer's address	Number Street				Number Street		
				Jamesburg City		NJ State	08831 Zip Code	City Sta	ate Zip Code	
F	Part 2: Give De	etails Ab	How long employed the out Monthly Incom		hs		_			
	timate monthly incorn- n-filing spouse unless			n. If you have noth	ning to	report	for any line	, write \$0 in the space. Inclu	de your	
•	, ,	•	e more than one employ arate sheet to this form.	er, combine the inf	ormati	on for	all employe	rs for that person on the lines	below. If	
yo	u neeu more space, a	паст а ѕер	arate sheet to this form.			For D	ebtor 1	For Debtor 2 or non-filing spouse		
2.			alary, and commissions I monthly, calculate what		2.	;	\$6,350.00			
3.	Estimate and list n	nonthly ov	ertime pay.		3. 🖣		\$0.00			
4.	Calculate gross in	come. Ad	d line 2 + line 3.		4.		\$6,350.00			

Official Form 106l Schedule I: Your Income page 1

Debt	tor 1 David J. Wallace		Case nun	nber (if know	n) 20-1	0306AMC13	
			For Debtor 1	For Debto non-filing		_	
	Copy line 4 here		\$6,350.00				
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	<u>\$1,657.00</u>				
	5b. Mandatory contributions for retirement plans	5b.	\$0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$0.00				
	5d. Required repayments of retirement fund loans	5d.	\$0.00				
	5e. Insurance	5e.	\$494.00				
	5f. Domestic support obligations	5f.	<u>\$0.00</u>				
	5g. Union dues	5g.	\$0.00				
	5h. Other deductions. Specify:	_ 5h. -	÷\$0.00				
6.	d the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5h$.		\$2,151.00				
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.		\$4,199.00				
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00				
	8e. Social Security	8e.	\$0.00				
	8f. Other government assistance that you regularly receive						
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00				
	8g. Pension or retirement income 8h. Other monthly income.		\$0.00				
	Specify: Pro rated tax refund	_ 8h. .	+ <u>\$167.50</u>				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.		\$167.50				
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		\$4,366.50	+]:	= \$4,366.50	
	State all other regular contributions to the expenses that you list in S	Schedi	ule J.				
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.							
	Do not include any amounts already included in lines 2-10 or amounts that	at are ı	not available to pay e	expenses liste			
	Specify:				11.	+ \$0.00	
	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie	12.	\$4,366.50				
	if it applies. Do you expect an increase or decrease within the year after you file		Combined monthly income				
13.		uus 10	11111				
	✓ No. None. Yes. Explain:						